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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

10/646,830

Filing Date

August 25, 2003

First Named Inventor

Melman

Art Unit

1614

Examiner Name

Roberts, Lezah

Attorney Docket Number

060543.3

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):Certificate of Hand Delivery
Return receipt postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Vorys, Sater, Seymour and Pease LLP

Signature

Printed name

Corinne Marie Pouliquen

Date

January 29, 2007

Reg. No.

35,753

CERTIFICATE OF TRANSMISSION/MAILING

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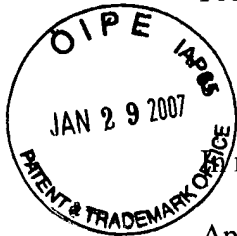
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PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Application of : Melman
Application No. : 10/646,830
Filed : August 25, 2003
Title : Multi-Functional Dental Composition

CERTIFICATE OF HAND DELIVERY

Sir or Madam:

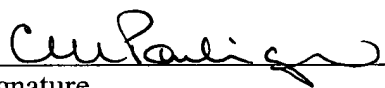
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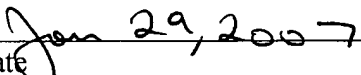
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Corinne M. Pouliquen

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